

# **Dustin Wood, CPA**

PO Box 6943 Helena, MT 59604

Phone: (406)431-8587 | Fax:

August 15, 2019

ALTERNATIVE ENERGY RESOURCES ORG PO Box 1558 Helena, MT 59624

Subject: Preparation of 2018 Tax Returns

#### ALTERNATIVE ENERGY RESOURCES ORG:

Thank you for choosing Dustin Wood, CPA to assist with the 2018 taxes for ALTERNATIVE ENERGY RESOURCES ORG. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the 2018 federal and state income tax returns for ALTERNATIVE ENERGY RESOURCES ORG. We will depend on management to provide the information we need to prepare complete and accurate returns. We may ask management to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will inform management of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if there are any concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of ALTERNATIVE ENERGY RESOURCES ORG, the alternative selected by management.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return the original records to management at the end of this engagement. Store these records, along with all supporting documents, canceled checks, etc., in a secure location in case these items are needed later to prove accuracy and completeness of a return. We retain copies of your records and our work papers for your engagement for seven years, after which these documents will be destroyed.

Our engagement to prepare the 2018 tax returns will conclude with the delivery of the completed returns to management (if paper-filing) or with the tax matters partner's signature and our subsequent submittal of the tax return (if e-filing). If management has not selected to e-file the returns with our office, management will be solely responsible to file the returns with the appropriate taxing authorities. The tax matters partner should review all tax-return documents carefully before signing them.

To affirm that this letter correctly summarizes the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. For further assistance with your tax needs, contact our office at (406)431-8587.
Sincerely,
Dustin Wood, CPA
Accepted By:
Officer
Date

### Form **990**

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	For the	2018 calend	dar year, or tax year begin	ning	, 2018, and e	nding		20
В	Check if	applicable:	D Employ	yer identification no.				
	Address	change	Doing business as		81-03	50698		
П	Name ch	-	Number and street (or P.O. bo	x if mail is not delivered to street address)		Room/suite		one number
Ī	Initial ret	-	PO Box 1558					443-7272
П		urn/terminated	G Gross r					
Ī	Amende	d return	Helena, MT 5962	country, and ZIP or foreign postal code			\$	244,300
П		on pending	F Name and address of principal	H(a) Is this a group r				
_	1.1.					H(b) Are all subore		<b>=</b> =
	Tax-exer	npt status:	501(c)(3) 501(c) (	) ◀ (insert no.) 4947(a)(1) or	527	- ' '	attach a list. (see ir	
	Website		W.AEROMT.ORG	, , , (,, (,, (		H(c) Group exen		
				ociation Other ►	L Year of formation: 1	_ ' ' '   '	of legal domicile:	мт
	art I	Summar				.5,2	or regar derinence.	
	1		-	on or most significant activities:	AERO IS A GRASS	ROOTS NONPRO	DETT ORGA	NIZATION
				AT PROMOTE RESOURCE COM				
Se		-		OMMUNITY SELF RELIANCE				
Activities & Governance		-	URE AND RENEWABLE		Innocen Incenta	ab IIIII boil	OKI DODI	iii iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii
Ver	2			discontinued its operations or dispo	sed of more than 25% of	of its net assets		
ဗိ	3			rning body (Part VI, line 1a)		1	3	9
<u>«</u>	4			s of the governing body (Part VI, line			4	9
ţį	5			ı calendar year 2018 (Part V, line 2a		Г	5	6
Ě	6		er of volunteers (estimate if i	, ,		- t	6	10
ĕ	7a		•	Part VIII, column (C), line 12		H H	7a	0
			ed business taxable income	, , , , , , , , , , , , , , , , , , , ,		T T	7b	0
		140t dill'olato	A BUSINESS LAXABIC INSCINC	10111 0111 000 1, 1110 00		Prior Year		Current Year
Revenue	8	Contributions	s and grants (Part VIII line	1h)			,670	222,616
	9		• ,	e 2g)			,255	21,330
	10	-		A), lines 3, 4, and 7d)		32	203	354
ğ	11			nes 5, 6d, 8c, 9c, 10c, and 11e)			203	
_	12		, , , , , , , , , , , , , , , , , , , ,	must equal Part VIII, column (A), line	_	228	,128	244,300
	13			X, column (A), lines 1-3)	,	220	,120	600
	14			K, column (A), line 4)				0
	15	•	·	benefits (Part IX, column (A), lines		124	,666	157,201
es	169			column (A), line 11e)	· · · · · ·	121	,000	137,201
Expenses	h		• , ,	lumn (D), line 25) ►	_			
х	17			nes 11a-11d, 11f-24e)		63	,640	86,367
_	18	•	, , , , , , , , , , , , , , , , , , , ,	equal Part IX, column (A), line 25)			,306	244,168
	19			18 from line 12			,822	132
		Tieveriae iee	o experience. Cubitant line	10 110 111 1110 12		Beginning of Current		End of Year
ets o	20	Total assets	(Part X, line 16)				,142	47,758
Asse	21		es (Part X, line 26)				,592	8,707
Net Assets or	22		, ,	line 21 from line 20			,550	39,051
$\overline{}$	art II		ire Block				,	
Und	der penalt	ies of perjury, I de	eclare that I have examined this retu	rn, including accompanying schedules and state		knowledge and belief, it	is	
true	, correct,	and complete. De	claration of preparer (other than offi	cer) is based on all information of which prepar	er has any knowledge.			
		<b>JENN</b>	IIFER BATTLES					
Sig	jn	Signatur	re of officer				Date	
Не	re	JENN	IIFER BATTLES, EXE	CUTIVE DIRECTOR				
			print name and title					
		Print/Type pre	eparer's name	Preparer's signature	Date	Check X	if PTIN	
Pa	id	Dustin	•	Dustin Wood	08-15-2019	self-employe		xxxxx
	pare			ood, CPA		Firm's EIN ▶		
	e Onl					Phone no.		
_	_		Helena M				06-431-85	87
May	the IR	S discuss this				-		Yes X No

Part IV

81-0350698 **Checklist of Required Schedules** 

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 X Χ 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 X assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. . . . . . . . Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II ......... 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 8 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or X 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted Χ 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a Χ b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more Χ 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more X 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets X 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . . . . 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . . . 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional • • • • • • • • 12b 13 13 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV ......... X 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X 19 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?........ 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X 21

	990 (2018) ALTERNATIVE ENERGY RESOURCES ORG 81-0350	<u>698</u>	F	age 4
Par	rt IV Checklist of Required Schedules (continued)		l	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	. 23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	. 24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	. 25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	. 26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	. 27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	. 28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	. 30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	. 32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	. 34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	. 36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		.,,	
D	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	•••		NI-
4	Enter the number reported in Day 2 of Form 1006. Enter 0, if not smallestells		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2		
	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	4		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			

1c

reportable gaming (gambling) winnings to prize winners?

18) ALTERNATIVE ENERGY RESOURCES ORG

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? • •	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • • • • • • • • • • • • •	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		.,	
	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct	•		v
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3 4		X
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization become aware during the year of a significant diversion of the organizations assets?	6	Х	Λ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	•	21	
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
10-	Did the averagination have lead about an average of a still star 0	10-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	10-		v
h	with a taxable entity during the year?	16a		X
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed  Montana			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	JENNIFER BATTLES (406)443-7272, 302 N. LAST CHANCE GULCH STE 309, Helena, MT 59601			

orm 990	(2018)
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#### ALTERNATIVE ENERGY RESOURCES ORG

81	-0	35	06	98	
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Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Kenter this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B)  Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	Pos eck m ss per d a dir	son i	than one is both ar r/trustee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Jeff_PernellDIRECTOR	1.00	Х					C	0	0
(2) Grace Brogan SECRETARTY	4.00	X		Х					0
(3) Emily Davidson DIRECTOR	1.00	Х					C	0	0
(4) Mark Juedeman CO-CHAIR	4.00	Х		Х			C	0	0
(5) Robin Kelson CO-CHAIR	4.00	Х		Х			C		0
(6) Janet Hess-Herbert VICE CHAIR	10.00	Х		Х			0		0
(7) Theresa Cox TREASURER	4.00	Х		Х			0	0	0
(8) Amelia Liberatore DIRECTOR	1.00	Х					0	0	0
(9) Demetrius Fassas DIRECTOR	1.00	Х					C	0	0
(10)JENNIFER BATTLES EXECUTIVE DIRECTOR						Х	50,692	0	0
<u>(11)</u>							,-,-		
<u>(12)</u>									
<u>(13)</u>									
<u>(14)</u>									
	1								

81-0350698

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, ı	unless er and	perso a dire	ion re tha on is l	an one both an irrustee employee	Former	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	con t org ar	(F) stimated nount of other upensation rom the ganization d related anization	on n
<u>(15)</u>													
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
(20)													
<u>(21)</u>													
(22)													
<u>(23)</u>													
<u>(24)</u>													
(25)													
1b c d	Sub-total						eived n	•	<b>50,692</b> than \$100,000 of	,			0
3	Did the organization list any <b>former</b> officer, director	r or trustee	kov or	mnlo	VAA	or h	niahasi	cor	nnensated			Yes	No
	employee on line 1a? If "Yes," complete Schedule	J for such in	dividu	al .							3		Х
4	For any individual listed on line 1a, is the sum of reprogramization and related organizations greater than												
5	individual									• • • • • • •	4		X
	for services rendered to the organization? If "Yes,"	•		•			•				5		Х
1	on B. Independent Contractors  Complete this table for your five highest compensated compensation from the organization. Report comper year.												
	(A) Name and business address								(B) Description of s	sanijoas		(C) pensation	n
	rumo una puomoto dadress								2 complicit of c		30111	55411011	
2	Total number of independent contractors (including received more than \$100,000 of compensation from			iose	listed	d ab	ove) w	ho					

Page 9

Part VIII Statement of Revenue

		Check if Schedule O contains a response	or n	ote to any line in thi	s Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
	1a	Federated campaigns	1a	1,768				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	22,112				
ي ق	C	Fundraising events	1c	85				
ifts, ¤rA	d	Related organizations	1d					
a,° E	e	Government grants (contributions)	1e	55,673				
is is	f	All other contributions, gifts, grants,		33,073				
but	•	and similar amounts not included above	1f	142,978				
a di	_	Noncash contributions included in lines 1a-1		142,970				
S g	g h				222,616			
		Total. Add lines ra-ii	••	Business Code	222,010			
e	29	ANNIIAI MEETINO DECICODA		561499	16 070	16 970		
ven		ANNUAL MEETING REGISTRA ADVERTISING AND SPONSOR		541800	16,879 4,303	16,879 4,303		
e Be					148	148		
Program Service Revenue		MERCHANDISE AND SALES		448000	148	140		
n Se	d		_					
grar	e	All ables are are a series as a series						
P 5		All other program service revenue			21 220			
	g			• • • • • •	21,330			
	3	Investment income (including dividends, inter			254	254		
		and other similar amounts)			354	354		
		Income from investment of tax-exempt bond	•	i i				
	5	Royalties	• •					
		(i) Real		(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss) • • •						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of (i) Securities	3	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)	• •					
une	8a	Gross income from fundraising						
Ş.		events (not including \$	5					
æ		of contributions reported on line 1c).						
Other Revenue		See Part IV, line 18						
0		Less: direct expenses						
		Net income or (loss) from fundraising events	•					
	9a	Gross income from gaming activities.						
		See Part IV, line 19						
		Less: direct expenses						
	С	Net income or (loss) from gaming activities	• •	▶				
	10a	Gross sales of inventory, less						
		returns and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sales of inventory		▶				
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	С							
		All other revenue	•					
	е	Total. Add lines 11a-11d		▶				
	12	Total revenue. See instructions		<u></u> ▶	244,300	21,684	0	0

#### ALTERNATIVE ENERGY RESOURCES ORG

Part IX **Statement of Functional Expenses** Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to any line in this Part IX								
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising				
8b, 9	9b, and 10b of Part VIII.	i otal exhelises	expenses	general expenses	expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21								
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22	600	600						
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees	50,692	29,361	14,107	7,224				
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	88,219	44,427	39,900	3,892				
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits	6,571		6,571					
10	Payroll taxes	11,719	3,304	7,560	855				
11	Fees for services (non-employees):								
а	Management								
b	Legal								
С	Accounting	3,535		3,535					
d	Lobbying								
е	Professional fundraising services. See Part IV, line 17 .								
f	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25, column								
	(A) amount, list line 11g expenses on Schedule O.)								
12	Advertising and promotion	981	751		230				
13	Office expenses	1,882	934	773	175				
14	Information technology	776		776					
15	Royalties								
16	Occupancy	8,170		8,170					
17	Travel	12,237	11,828	409					
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	4,663	2,255	1,968	440				
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	1,085		1,085					
23	Insurance	1,276		1,276					
24	Other expenses. Itemize expenses not covered								
	above (List miscellaneous expenses in line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O.)								
а	CONTRACTORS	36,388	35,684	579	125				
b	DUES, FEES, SUBSCRIPTIONS	999	999						
C	POSTAGE AND PRINTING	12,954	6,508	3,314	3,132				
d	TRANSACTION FEES	1,221	354		867				
е	All other expenses	200	75	125					
25	Total functional expenses. Add lines 1 through 24e .	244,168	137,080	90,148	16,940				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)								

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	32,780	1	29,960
	2	Savings and temporary cash investments	14,000	2	14,001
	3	Pledges and grants receivable, net	11,000	3	14,001
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		_	
	Ū	trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
ets	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges		9	
Ţ	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 8,922			
	b	Less: accumulated depreciation 10b 5,125	4,882	10c	3,797
	11	Investments - publicly traded securities	•	11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	14,480	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	66,142	16	47,758
	17	Accounts payable and accrued expenses	12,592	17	8,707
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
Liak		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	12,592	26	8,707
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗓 and			
es		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	39,070	27	39,051
Bal	28	Temporarily restricted net assets		28	
ınd	29	Permanently restricted net assets	14,480	29	
F		Organizations that do not follow SFAS 117 (ASC 958), check here			
Ō	00	complete lines 30 through 34.		00	
sset	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Re	32 33	Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances	E3 EFA	32 33	20 051
	33 34	Total liabilities and net assets/fund balances	53,550	34	39,051
	J+	TOTAL HADIIITIOS AND HEL ASSETS/IUTIU DAIANCES	66,142	J4	47,758

Pai	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI					. X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2	244,3	300	
2	2 Total expenses (must equal Part IX, column (A), line 25)						
3	Revenue less expenses. Subtract line 2 from line 1	3				132	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			53,	550	
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8			(:	151)	
9	Other changes in net assets or fund balances (explain in Schedule O)	9		(	(14,4	480)	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10			39,0	051	
Pai	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					•	
					Yes	No	
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other	_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		• • •	2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or						
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		• • •	2b		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a						
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight						
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		• • •	2c			
	If the organization changed either its oversight process or selection process during the tax year, explain in						
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in						
	the Single Audit Act and OMB Circular A-133?	• • •	• • •	3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b			

EEA

Form **990** (2018)

#### SCHEDULE A

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

Open to Public

Employer identification number

OMB No. 1545-0047

2018

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

ALTERNATIVE ENERGY RESOURCES ORG 81-0350698 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . . . . . . . . . . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E) Total

Part II

ALTERNATIVE ENERGY RESOURCES ORG 81-0350698

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support				•	,	
Caler	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4 • •						
Sec	tion B. Total Support	<u> </u>					
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	<u> </u>	· · · · · · · · ·				▶ 🗌
Sec	tion C. Computation of Public Su	• •				1	
14	Public support percentage for 2018 (line 6, c					14	%
15	Public support percentage from 2017 Sched						%
16a	33 1/3% support test - 2018. If the organiz						
_	box and <b>stop here.</b> The organization qualit		• •				▶ ⊔
b	33 1/3% support test - 2017. If the organiz						
	this box and <b>stop here.</b> The organization of	•	, ,,				• • • □
17a	10%-facts-and-circumstances test - 2018						
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fac		=				. $\square$
	organization						▶ ⊔
b	10%-facts-and-circumstances test - 201	· ·		•		a line	
	15 is 10% or more, and if the organization					ah.	
	Explain in Part VI how the organization mee			=			, n
10	supported organization						•••• ⊔
18	<b>Private foundation.</b> If the organization did						
	instructions	<del></del>			• • • • • • • •		· · · · • 📙

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support			, <b>.</b>	,		
Cal	endar year (or fiscal year beginning in) >	(a) 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	84,194	139,866	199,844	211,585	243,568	879,057
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose • • • • •	49	35	1337011	1,662	732	2,478
3	Gross receipts from activities that are not an unrelated trade or business under section 513 •						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge • • • • • • • •						
6	<b>Total.</b> Add lines 1 through 5	84,243	139,901	199,844	213,247	244,300	881,535
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year • •						
С	Add lines 7a and 7b • • • • • • • • • • •						
8	<b>Public support.</b> (Subtract line 7c from line 6.)						881,535
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	(e) 2018	(f) Total
9	Amounts from line 6	84,243	139,901	199,844	213,247	244,300	881,535
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources • •						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on • • •						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	84,243	139,901	199,844	213,247	244,300	881,535
14	First five years. If the Form 990 is for the o organization, check this box and stop here						▶ □
Se	ction C. Computation of Public Su						
15	Public support percentage for 2018 (line 8, co	olumn (f), divided by	line 13, column (f	))		15	100.00 %
	Public support percentage from 2017 Schedu					16	99.97 %
	ction D. Computation of Investme						
17 18	Investment income percentage for 2018 (line Investment income percentage from 2017 S				ı	17 18	0.00 % 0.00 %
19a	33 1/3% support tests - 2018. If the organia 17 is not more than 33 1/3%, check this box						▶ 🏻
	33 1/3% support tests - 2017. If the organization 18 is not more than 33 1/3%, check this	box and stop here	. The organization	n qualifies as a pub	olicly supported org	ganization	
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b, check this box a	and see instruction	ıs <u>.</u>	. <b> ▶</b> ∐

Part IV

#### **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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3a		
3b		
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11 Has the organization accepted a gift or contribution from any of the following persons?  a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  b A family member of a person described in (a) above?  c A 35% controlled entity of a person described in (a) above?  c A 35% controlled entity of a person described in (a) above?  c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail m Part VI.  Section B. Type I Supporting Organizations  1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization sidectors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization of supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  2 Did the organization operate for the benefit of any supported organization other than the supported organization of the progenization of the supporting organization of the supported organization of the organization of the organization was vested in the same persons that controlled or managed the supported organization for the organization of the organization	Pai	rt IV Supportin	g Organizations (continued)			
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trustees of each of the supported organizations? <i>Provide details in Part VI.</i> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			* * * * * * * * * * * * * * * * * * * *			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а	-		20		
	h			Jd		
,	J			3b		

Schedule A (Form 9	90 or 990-EZ) 2018 ALTERNATIVE ENERGY RESOURCES ORG		81-03	50698	Page
	Type III Non-Functionally Integrated 509(a)(3) Supporting Org				
	ck here if the organization satisfied the Integral Part Test as a qualifying			•	
inst	ructions. All other Type III non-functionally integrated supporting organized	zations	must complete Section	ons A through	E
Section A - A	djusted Net Income		(A) Prior Year	(B) Currei (option	
1 Net sho	rt-term capital gain	1			
2 Recover	ies of prior-year distributions	2			
3 Other gi	oss income (see instructions)	3			
4 Add line	s 1 through 3.	4			
5 Depreci	ation and depletion	5			
6 Portion	of operating expenses paid or incurred for production or				
collection of	gross income or for management, conservation, or				
maintenanc	e of property held for production of income (see instructions)	6			
7 Other ex	rpenses (see instructions)	7			
8 Adjuste	d Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Section B - N	linimum Asset Amount		(A) Prior Year	(B) Currei (option	
1 Aggrega	te fair market value of all non-exempt-use assets (see				
instructions	for short tax year or assets held for part of year):				
a Average	monthly value of securities	1a			
<b>b</b> Average	monthly cash balances	1b			
<b>c</b> Fair ma	ket value of other non-exempt-use assets	1c			
d Total (a	dd lines 1a, 1b, and 1c)	1d			
e Discou	nt claimed for blockage or other				
factors (ex	plain in detail in <b>Part VI</b> ):				
2 Acquisit	on indebtedness applicable to non-exempt-use assets	2			
3 Subtrac	line 2 from line 1d.	3			
4 Cash de	emed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
see instruct	ions).	4			
5 Net valu	e of non-exempt-use assets (subtract line 4 from line 3)	5			
6 Multiply	line 5 by .035.	6			
7 Recover	ies of prior-year distributions	7			
8 Minimu	m Asset Amount (add line 7 to line 6)	8			
Section C - D	Pistributable Amount			Current \	<b>Y</b> ear

emergency temporary reduction (see instructions). instructions).

1 2

3

4

5

6

Adjusted net income for prior year (from Section A, line 8, Column A)

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

EEA

Enter 85% of line 1.

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Type III Non-Functionally In	tegrated 509(a)(3) Supporting (	Organizations (continued)

Pai	t v   Type III Non-Functionally integrated 509(a)(3	) Supporting Organia	zations (continuea)	
Sec	tion D - Distributions			Current Year
_1_	Amounts paid to supported organizations to accomplish exem			
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	organization is respons	sive	
	(provide details in <b>Part VI</b> ). See instructions.	J		
9	Distributable amount for 2018 from Section C, line 6			
	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Carryover from 2013 not applied (see instructions)			
÷	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<del>,</del>	Distributions for 2018 from			
•	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2018, if			
J	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
-	÷			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
С	Excess from 2016			

d Excess from 2017e Excess from 2018

Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

2018

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

ALTERNATIVE ENERGY RESOURCES ORG

▶ Go to www.irs.gov/Form990 for the latest information.

Employer identification number 81-0350698

Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

#### SCHEDULE C (Form 990 or 990-EZ)

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

- ► Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
  - ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organizations	: Complete Part III.			
Nam	e of organization			Employer	identification number
AL	TERNATIVE ENERGY RESOURCES			81-035	
Pa	rt I-A Complete if the organ	ization is exempt under section	on 501(c) or is	a section 527 orga	nization.
1	Provide a description of the organization's	s direct and indirect political campaign a	ctivities in Part IV.	(see instructions for	
	definition of "political campaign activities"	)			
2	Political campaign activity expenditures (s	see instructions)		▶ \$	
3	Volunteer hours for political campaign act	ivities (see instructions)			
Pa	rt I-B Complete if the organ	ization is exempt under section	on 501(c)(3).		
1	Enter the amount of any excise tax incurre	ed by the organization under section 495	55	▶ \$	
2	Enter the amount of any excise tax incurre	ed by organization managers under sec	ion 4955	▶ \$	
3	If the organization incurred a section 4955				
4a	Was a correction made?				. Yes No
b	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the organ	ization is exempt under secti	on 501(c), exc	ept section 501(c)(3	3).
1	Enter the amount directly expended by the		•		
	activities			▶ \$	
2	Enter the amount of the filing organization	<del>-</del>			
	527 exempt function activities			▶ \$	
3	Total exempt function expenditures. Add I				
	line 17b			▶ \$	
4	Did the filing organization file Form 1120				
5	Enter the names, addresses and employe	r identification number (EIN) of all section	on 527 political org	anizations to which the filir	ng
	organization made payments. For each or	ganization listed, enter the amount paid	from the filing orga	nization's funds. Also ente	r
	the amount of political contributions received	ved that were promptly and directly deliv	ered to a separate	political organization, such	n
	as a separate segregated fund or a politi	cal action committee (PAC). If additiona	space is needed,	provide information in Part	IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Sche	edule C (Form 990 or 990-EZ) 2018 ALTERNATIVE					81-0350	
Pa	art II-A Complete if the organizati	ion is e	exempt un	der section 501	(c)(3) and filed	Form 5768 (elec	ction under
	section 501(h)).						
4	Check ► ☐ if the filing organization belongs				ch affiliated group m	ember's name,	
	address, EIN, expenses, and sha		, ,	, ,			
3	Check ► ☐ if the filing organization checked				ly.	<u> </u>	
	Limits on Lo		-			(a) Filing	(b) Affiliated
	(The term "expenditures"		•			organization's totals	group totals
1a	, , , ,	•	.0	, ,,	• • • • • • • •		
b							
C	3 · [· · · · · · · · · · · · · · · · · ·	,					
d				• • • • • • • • • •			
e					• • • • • • • •		
f	zoooying nomadaoo amount zinor tilo amou	nt from th	e following tal	ole in both			
	columns.						
	If the amount on line 1e, column (a) or (b) is			nontaxable amount	t is:		
	Not over \$500,000			ount on line 1e.			
	Over \$500,000 but not over \$1,000,000			15% of the excess of			
	Over \$1,000,000 but not over \$1,500,000			10% of the excess of			
	Over \$1,500,000 but not over \$17,000,000			5% of the excess ov	rer \$1,500,000.		
	Over \$17,000,000		\$1,000,000.				
g	·	,	• • • • •	• • • • • • • • • •	• • • • • • • •		
h	,		• • • • •	• • • • • • • • • •	• • • • • • • •		
i	Subtract line 1f from line 1c. If zero or less, ent		• • • • •	• • • • • • • • • •	• • • • • • • •		
j	If there is an amount other than zero on either I		•	•			
	reporting section 4911 tax for this year?						☐ Yes ☐ No
			_	ng Period Under	• •		
	(Some organizations that made a				=		is below.
	S	ee the	separate in	structions for line	es 2a through 2f.	)	
	Lob	bying E	xpenditures L	During 4-Year Avera □	aging Period		
	Calendar year (or fiscal year	(	<b>a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) Total
	beginning in)						
2a	Lobbying nontaxable amount						
_							
b	Lobbying ceiling amount (150% of line 2a, column (e))						
	(130 % of line 2a, column (c))						
С	Total lobbying expenditures						
d	Grassroots nontaxable amount						
е	Grassroots ceiling amount						
-	(150% of line 2d, column (e))						
	Crossranta labbuing companditures						
T	Grassroots lobbying expenditures	1		I	I	1	

EEA Schedule C (Form 990 or 990-EZ) 2018

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h))

_	(election under section 301(ii)).	(	a)	(b)			
For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		Yes	No	Amount			
1	During the year, did the filing organization attempt to influence foreign, national, state or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:						
а	Volunteers?	X					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X					
С	Media advertisements?		X				
d	Mailings to members, legislators, or the public?	X					
е	Publications, or published or broadcast statements?		X				
f	Grants to other organizations for lobbying purposes?		X				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X				
i	Other activities?						
j	Total. Add lines 1c through 1i						
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X				
b	If "Yes," enter the amount of any tax incurred under section 4912						
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), c	or se	ction			
	501(c)(6).						
				Yes No			
1	Were substantially all (90% or more) dues received nondeductible by members?			1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	• • •	• • •	2			
3_	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		<u></u>	3			
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)						
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O	K (b)	Part	III-A, line 3, is			
_	answered "Yes."  Dues, assessments and similar amounts from members		-				
1		• •	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).						
_	Current year		20				
a	Carryover from last year		2a 2b				
b	Total		2c				
с 3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
ى م	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	• •	3				
4	, · · ·						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4				
5	Taxable amount of lobbying and political expenditures (see instructions)	• •	5				
	rt IV Supplemental Information	• •	3				
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, I se instructions); and Part II-B, line 1. Also, complete this part for any additional information.	ines 1	and				
	. Activities to influence legislation (Part II-B, lines 1	a –	1h	<b>)</b>			
				<b>/</b>			
Mee	t and engage law makers in an effort to influence legislation for the benef:	it of	f our	:			
	· · ·						
mem	bers and our mission. Shared information with our membership that impacted	our	miss	sion			
a							
and	and goals and urged them to contact their legislators.						

#### SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name	of the organization	Employer identification number
AL:	TERNATIVE ENERGY RESOURCES ORG	81-0350698
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account	s.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year) .	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	Yes No
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•	Preservation of land for public use (e.g., recreation or education)  Preservation of a historically i	mnortant land area
	Protection of natural habitat  Preservation of a certified his	•
	Preservation of open space	ione sudetale
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	onvotion
2	· · · · · · · · · · · · · · · · · · ·	Held at the End of the Tax Year
_	easement on the last day of the tax year.	
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
_	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organiz	ation during the
	tax year •	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation e	asements during the year
	<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ments during the year
	<b>&gt;</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement	ent, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that d	escribes the
_	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	nerance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bal	ance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	nerance of
	public service, provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pr	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$
b	Assets included in Form 990, Part X	
_		

Pa	t III Organizations Maintaining	Collec	ctions of A	rt, Histo	rical Tre	easures, o	r Oth	er Similar As	sets	(continu	ied)
3	Using the organization's acquisition, accession	, and ot	her records, ch	neck any of	the follow	ing that are a	signific	ant use of its			
	collection items (check all that apply):										
а	Public exhibition		<b>d</b> Loa	n or excha	nge progra	ıms					
b	Scholarly research		e 🗌 Othe	er							
С	Preservation for future generations										
4	Provide a description of the organization's colle	ections a	and explain ho	w they furt	her the org	anization's ex	empt p	ourpose in Part			
	XIII.										
5	During the year, did the organization solicit or r	eceive o	donations of ar	t, historical	treasures	, or other simi	ar				
	assets to be sold to raise funds rather than to l	oe main	tained as part	of the orga	nization's	collection?				Yes	☐ No
Pa	t IV Escrow and Custodial Arran	geme	ents.								
	Complete if the organization a	nswer	ed "Yes" or	n Form 9	90, Part	IV, line 9,	or rep	orted an amo	ount c	on Form	
	990, Part X, line 21.										
1a	Is the organization an agent, trustee, custodian	or othe	r intermediary	for contribu	itions or ot	her assets no	t				
	included on Form 990, Part X?									Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII ar	nd comp	olete the follow	ing table:							
				_				A	mount	!	
С	Beginning balance						. 10	С			
d	Additions during the year						. 10	d			
е	Distributions during the year							е			
f	Ending balance							f			
2a	Did the organization include an amount on Forr	n 990, F	Part X, line 21,	for escrow	or custod	ial account lia	bility?			. Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII. C						•			_ 	$\Box$
Pa	t V Endowment Funds.		•								
	Complete if the organization a	nswer	ed "Yes" or	n Form 9	90, Part	IV, line 10					
	'		Current year	(b) Prid		(c) Two years		(d) Three years bac	:k (	e) Four years	back
1a	Beginning of year balance	H	•	. ,				, ,		, ,	
b	Contributions										
С	Net investment earnings, gains, and										
	losses										
d	Grants or scholarships										
e	Other expenditures for facilities and										
Ū	programs										
f	Administrative expenses										
g g	End of year balance										
2	Provide the estimated percentage of the current		nd halance (lir	ne 1a. colu	mn (a)) he	d as.					
– a	Board designated or quasi-endowment			10 19,0014	(u)) 110	a ao.					
h	Permanent endowment ► %										
c	Temporarily restricted endowment		%								
·	The percentages on lines 2a, 2b, and 2c should	l equal :									
3a	Are there endowment funds not in the possess	•		n that are h	eld and ad	ministered for	the				
- Ou	organization by:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	no organization	Tilat are r	iora arra ac					Yes	No
	(i) unrelated organizations								[	3a(i)	110
	(ii) related organizations						• • •		••	3a(ii)	+
b	If "Yes" on line 3a(ii), are the related organizations						• • •		••	3b	+
4	Describe in Part XIII the intended uses of the d		•		110 11:• •		• • •		• • [	30	
_	t VI Land, Buildings, and Equipr		ations endown	iciti iurius.							
ı a	Complete if the organization a		ed "Yes" or	n Form 9	90 Part	IV line 11	a Se	e Form 990 F	Part )	( line 10	
	Description of property	1101101	(a) Cost or other			other basis		Accumulated		(d) Book value	
	Description of property		(investme		, ,	other basis		depreciation	(	uj Dook value	
1a	Land		,	•	,			-			
b	Buildings										
C	Leasehold improvements										
d	Equipment			8,922				5,125		2	797
e	Other			0,322				3,123		3,	191

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . . . . . . . . . . . ▶

3,797

Part VII	Investments - Other Securities.			
	Complete if the organization answere	d "Yes" on Form 990, Pa	rt IV, line 11b. See Form 990	, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year market	
(1) Financial	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.	- IIIV II		D 1 1 1 10
	Complete if the organization answere	d "Yes" on Form 990, Pa	rt IV, line 11c. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.  Complete if the organization answere	d "Yes" on Form 990, Pa	rt IV, line 11d. See Form 990	, Part X, line 15.
		Description	·	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 1	5.)		
Part X	Other Liabilities.			
	Complete if the organization answere line 25.	d "Yes" on Form 990, Pa	rt IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federal i	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	) must equal Form 990, Part X, col. (B) line 25.)			
	r uncertain tax positions. In Part XIII, provide the te	xt of the footnote to the organization	ation's financial statements that repor	ts the

Par	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	40	
C		4c 5	
5 Dar	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Гаі	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ei netuiii.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
– a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	rt XIII Supplemental Information.		
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lin	rt X, line	
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		

EEA Schedule D (Form 990) 2018

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ALTERNATIVE ENERGY RESOURCES ORG

Employer identification number

81-0350698

01. Officer, directors, etc. family relationship (Part VI, line 2) Board Members Mark Juedeman and Theresa Cox have a family relationship as cousins. 02. Members or stockholder classes and rights (Part VI, line 6) Organization has members who pay membership dues. 03. Member election for additional members (Part VI, line 7a) Members vote for the Board of Directors and have to approve certain changes to Organization bylaws 04. Governing body decisions (Part VI, line 7b) Members have to approve certain changes to Organization bylaws. 05. Form 990 governing body review (Part VI, line 11) The Organization's staff management board reviews the form 990 prior to it being filed. 06. Conflict of interest policy compliance (Part VI, line 12c) AERO board members all sign the Conflict of Interest policy yearly 07. CEO, executive director, top management comp (Part VI, line 15a) EXECUTIVE DIRECTOR COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS. 08. Other officer or key employee compensation (Part VI, line 15b Management and key employees compensation is determined by the board of directors.

Schedule O (Form 990 or 990-EZ) (2018) Page 2 Name of the organization Employer identification number ALTERNATIVE ENERGY RESOURCES ORG 81-0350698 09. Governing documents, etc, available to public (Part VI, line 19) The organization makes its governing documents, financial statements, and Form 990 available to the public upon request. 10. Explanation of other changes in net assets or fund balances (Part XI, line 9) REMOVAL OF MCF ENDOWMENT FROM BOOKS

Department of the Treasury

Internal Revenue Service (99)

# **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Attachment

Name(s) shown on return

Business or activity to which this form relates

Sequence No. 179 Identifying number

AL:	<u> PERNATIVE ENERGY R</u>	RESOURCES	ORG	FOR.	<u>M 990</u>	- 1			81-0350698
Pa	rt I Election To Expens	e Certain Pro	perty Unde	er Secti	on 179				
	Note: If you have any	listed property,	complete Pa	rt V befo	re you com	nplete Part I.			
1	Maximum amount (see instructions	)						1	
2	Total cost of section 179 property p	placed in service	(see instructions	s)				2	
3	Threshold cost of section 179 prop	erty before reduc	tion in limitation	ı (see instr	uctions)			3	
4	Reduction in limitation. Subtract lin	e 3 from line 2. If a	zero or less, en	nter -0-				4	
5	Dollar limitation for tax year. Subtra	act line 4 from line	1. If zero or les	ss, enter -0	O If married	d filing			
	separately, see instructions							5	
6	(a) Description of p	roperty		(b) Cost (b	usiness use onl	y) <b>(c)</b> Elec	ted cost		
7	Listed property. Enter the amount f	rom line 29 .			7				
8	Total elected cost of section 179 p	roperty. Add amo	unts in column	(c), lines 6	and 7			8	
9	Tentative deduction. Enter the sm	aller of line 5 or I	ine 8					9	
10	Carryover of disallowed deduction	from line 13 of yo	ur 2017 Form 4	562 .				10	
11	Business income limitation. Enter t	he smaller of busi	iness income (r	not less th	an zero) or I	ine 5. See instr	uctions	11	
12	Section 179 expense deduction. Ad	dd lines 9 and 10,	but don't enter	more than	line 11			12	
13	Carryover of disallowed deduction	to 2019. Add lines	s 9 and 10, less	s line 12	<b>▶</b> 13	3			
Note	: Don't use Part II or Part III below	for listed property	y. Instead, use	Part V.					
	rt II Special Depreciation				iation (D	on't include li	sted pr	opert	y. See instructions.)
14	Special depreciation allowance for	qualified property	(other than liste	ed propert	y) placed in	service	-		
	during the tax year. See instruction	s	·					14	
15	Property subject to section 168(f)(	1) election						15	
16	Other depreciation (including ACR	S)						16	1,085
Pa	rt III MACRS Depreciati								<u>'</u>
	•	,		ection A		,			
17	MACRS deductions for assets place	ed in service in ta	ax years beginn	ning before	2018			17	
18	If you are electing to group any as		-	_					
	asset accounts, check here								
	Section B - Assets I						l Depr	eciati	on System
		(b) Month and year	(c) Basis for dep		(d) Recovery		•		
	(a) Classification of property	placed in service	(business/investrongly-see instru		period	(e) Convention	(f) Met	hod	(g) Depreciation deduction
19a	3-year property		-	·					
b	5-year property								
С	7-year property								
d	10-year property								
е	15-year property								
f	20-year property								
g	25-year property				25 yrs.		S/	L	
_	Residential rental				27.5 yrs.	MM	S/		
	property				27.5 yrs.	MM	S/		
i	Nonresidential real				39 yrs.	MM	S/		
•	property				- ,	MM	S/		
	Section C - Assets Pla	ced in Service	Durina 2018	3 Tax Ye	ar Using t				ion System
20a	Class life						S/		
	12-year				12 yrs.		S/		
C	30-year				30 yrs.	MM	S/		
d	40-year				40 yrs.	MM	S/		
	rt IV Summary (See instr	ructions )			10 y10.	.71141			l
21	Listed property. Enter amount from	· · · · · · · · · · · · · · · · · · ·						21	
22	<b>Total.</b> Add amounts from line 12,		17 lines 19 and	1 20 in col	umn (a) an	d line 21 Enter			
	·	•	•		(0)				1 005
	here and on the appropriate lines of	or vour remin Par	tnersnins and S	Corporati	ons - see in	structions			ו ועסס
23	here and on the appropriate lines of For assets shown above and place	•	•	•		structions .	• • •	22	1,085

# (Rev. January 2019)

# **Application for Automatic Extension of Time To File an Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

► File a separate application for each return. ▶ Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

	acts, for v	which an extension request must be sent to the lim, visit www.irs.gov/e-file-providers/e-file-for-c	IRS in paper	format (see instructions). For	more details on the elec	tronic
		6-Month Extension of Time. Only s			).	
		is required to file an income tax return other than n 7004 to request an extension of time to file income		ns	tnerships, REMICs, and r filer's identifying nun	
Туре	or	Name of exempt organization or other filer, se	ee instructions		Employer identification	
print		ALTERNATIVE ENERGY RESOURCES (	ORG		81-0350698	. ,
File by	the	Number, street, and room or suite no. If a P.C		structions.	Social security number	er (SSN)
due da	ite for	PO Box 1558				
iling yo eturn.		City, town or post office, state, and ZIP code.	For a foreign	address, see instructions.		
nstruc		Helena, MT 59624				
Enter	the Retu	m Code for the return that this application is for (	file a separa	te application for each return)		01
Ар	plication		Return	Application		Return
ls F	-or		Code	Is For		Code
For	m 990 or	Form 990-EZ	01	Form 990-T (corporation)		07
For	m 990-Bl	L	02	Form 1041-A		08
Form 4720 (individual) 03 Form 4720 (other than individual)			09			
For	m 990-Pl	F	04	Form 5227		10
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069			11			
For	m 990-T	(trust other than above)	06	Form 8870		12
If the	the organ this is for e whole g	No. ► 406-443-7272 ization does not have an office or place of busing a Group Return, enter the organization's four dig proup, check this box	ness in the Ugit Group Exe	emption Number (GEN)	. If this is	
a list	I reques		11-	-15 , 20 19 , to file the e	exempt organization retu	ım
	ioi tile 0	rganization named above. The extension is for t	ıı <del>c</del> organizati	ons retain ior.		
		alendar year 20 <u>18</u> or				
	▶ _ ta	ax year beginning	, 20	, and ending	, 20	·
2	If the tax	year entered in line 1 is for less than 12 months	s, check reas	on: Initial return	Final return	
	Chan	ge in accounting period				
3a	•	plication is for Forms 990-BL, 990-PF, 990-T, 4	720, or 6069,	enter the tentative tax, less		
		refundable credits. See instructions.			3a	\$
b		plication is for Forms 990-PF, 990-T, 4720, or 6				
		d tax payments made. Include any prior year ov			3b	\$
С		e due. Subtract line 3b from line 3a. Include yo				
		TPS (Electronic Federal Tax Payment System)			3c	\$
		u are going to make an electronic funds withdra	awal (direct o	debit) with this Form 8868, se	e Form 8453-EO and F	orm 8879-EO for paym
netru	ictions					

nt

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)

#### IRS e-file Signature Authorization for an Exempt Organization

	-	_	
For calendar year 2018, or fiscal year beginning			. and ending

▶ Do not send to the IRS. Keep for your records.

2018

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service Name of exempt organization

▶ Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number

ALTERNATIVE ENERGY RESOURCES ORG Name and title of office

81-0350698

JENNIFER BATTLES, EXECUTIVE DIRECTOR

#### Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below **Do not** complete more than one line in Part I.

are appreciate mile select. Se not complete more than one mile in ract.	
1a Form 990 check here ► 🗓 b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b	244,30
2a Form 990-EZ check here ▶ ☐ b Total revenue, if any (Form 990-EZ, line 9)	
3a Form 1120-POL check here ▶ □ b Total tax (Form 1120-POL, line 22)	
4a Form 990-PF check here ▶ ☐ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b	
5a Form 8868 check here ► □ b Balance Due (Form 8868, line 3c)	

#### **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X	lauthorize Dustin Wood,	CPA	to enter my PIN	50698	as my signature
		ERO firm name		Enter five numbers, but do not enter all zeros	
	being filed with a state agency(i	D18 electronically filed retum. If I had ies) regulating charities as part of tum's disclosure consent screen.			•
	· ·	n, I will enter my PIN as my signatu um that a copy of the return is bein	•	•	•

the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature 08-15-2019

#### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

XXXXXX 56999 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

Date ▶ 08-15-2019 ERO's signature

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

990 Overflow Statement		<b>2018</b> Page 1
ame(s) as shown on return ALTERNATIVE ENERGY RESOURCES ORG	F	EIN 81-0350698
Description Montana Shares		*
	Total:	\$ 1,768
CHANGE IN NET ASSETS		
Description REMOVAL OF MCF ENDOWMENT FROM BOOKS	Total:	\$ (14,480) \$ -14,480
		7 22/200